

VICTIM NOTIFICATION PROGRAM PROGRESS REPORT

CALIFORNIA OFFICE OF EMERGENCY SERVICES
VICTIM SERVICES DIVISION
ATTN: VICTIM/WITNES UNIT
3650 SCHRIEVER AVENUE
MATHER, CA 95655
FAX (916) 324-8554

Following the instructions, please provide the information as indicated. All reports must be received by Cal OES by the dates shown below. **SUBMIT ONE (1) ORIGINAL AND ONE (1) COPY TO THE ABOVE ADDRESS.**

1] Project Title	_____	2] Grant Award #	_____
3] Grantee	_____	4] Grant Period	_____
5] Address	_____	6] Report Period	_____
7] Report prepared by	_____	8] Title	_____
9] Telephone Number	_____		(Relationship to Project)

PROGRESS REPORT

☐ 1st Progress Report: Narrative/Statistical report covering the first 6 months of the grant period **(pages 1-6) Due 04/30**
☐ Final Progress Report: Narrative and statistical report covering entire grant period **(pages 1-7) Due 10/30**

BUDGET

1. Total grant award:	\$	_____
2. Total funds expended to date:	\$	_____
3. Items encumbered but not paid for:	\$	_____
4. Total grant balance:	\$	_____
5. Month of most recently submitted Report of Expenditures		_____

Are grant funds being expended in accordance with the Grant Award Agreement? ☐ YES ☐ NO
If no, explain in the narrative section of this report.

I CERTIFY THAT THIS REPORT IS ACCURATE AND IN ACCORDANCE WITH THE CALIFORNIA OFFICE OF EMERGENCY SERVICES POLICIES AND PROCEDURES.

Signature

Title

Date

Cal OES Program Specialist's Comments (For Cal OES use only): ☐ Approved ☐ Disapproved

Signature of Program Specialist

Date

PERSONNEL

Positions Authorized in Grant Award Agreement:

Name of Staff	<u>Position</u>	<u>Duties</u>	Full-Time Equivalency (% of FTE)
1.			
2.			
3.			
4.			
5.			
			TOTAL

1. Have there been any delays in hiring project personnel? ☐ YES ☐ NO If YES, explain below.
2. Are there any personnel issues which may affect the project objectives? ☐ YES ☐ NO If YES, explain below.
3. Have any of the job duties, as detailed in the Grant Award, changed? ☐ YES ☐ NO If YES, explain below.

EQUIPMENT

(List equipment purchases for the entire grant period.)

Does your Grant Award allow equipment purchases? ☐ YES ☐ NO If yes, detail below:

<u>Equipment</u>	<u>Cost</u>	<u>Date Ordered/Received</u>	<u>State Equipment Tag Number</u>
1.			
2.			
3.			

If your equipment purchases exceed the space above, or you have encountered problems in ordering/receiving grant equipment, please detail issues in the Narrative Section of this report.

Cal OES TECHNICAL ASSISTANCE REQUESTED:

☐ YES ☐ No If YES, describe in the Narrative Section of this report the type of technical assistance needed.

SUMMARY DATA ON PROJECT ACTIVITIES

Instructions: All data must be supported by source documentation. Each progress report must contain cumulative data from the previous report period. The "Total to Date" is the cumulative figure from all report periods to date in a grant award period.

BACKGROUND INFORMATION

<u>Objectives:</u>	Projected Number	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total To Date
A. Number of new victims	-----	-----	-----	-----	-----	-----

Note: New victims include primary and secondary victims.

B. Number of new witnesses	-----	-----	-----	-----	-----	-----
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Note: Do not count victims as witnesses. Do not count witnesses outside the victim/witness program.

<u>Grant Information:</u>	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total To Date
A. Number of grant funded positions (should match FTE's from page 2)	-----	-----	-----	-----	N/A
B. Number of non-grant Funded positions	-----	-----	-----	-----	N/A
C. Number of Volunteers (not hours)	-----	-----	-----	-----	N/A

Note: If part time give percentage of full time equivalent.

SPECIAL NEEDS OF NEW VICTIMS

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total To Date
A. Number of Special Needs Victims (1 st time)	-----	-----	-----	-----	-----
1. Disabled (i.e. physically, developmentally, hearing/vision impaired, other)	-----	-----	-----	-----	-----
2. Elderly (65 and above)	-----	-----	-----	-----	-----
3. Elderly <u>&</u> Disabled	-----	-----	-----	-----	-----
4. Translation	-----	-----	-----	-----	-----

Note: FOR NEW VICTIMS ONLY.

INSTRUCTIONS: A victim may be provided more than one service, but each service may only be counted once per victim per victimization. For example, if a victim is provided with 1 “emergency assistance service” and 3 “court escort services”, you would count 1 service for “emergency assistance” and 1 for “court escort”.

Victim Statistics

A. Indicate the number of victims served by type of victimization:

NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.

No. of Victims Served		No. of Victims Served	
<input type="text"/>	1. Child Physical Abuse	<input type="text"/>	7. Adults Molested as Children
<input type="text"/>	2. Child Sexual Abuse	<input type="text"/>	8. Survivors of Homicide Victims
<input type="text"/>	3. DUI/DWI Crashes	<input type="text"/>	9. Robbery
<input type="text"/>	4. Domestic Violence	<input type="text"/>	10. Assault
<input type="text"/>	5. Adult Sexual Assault	<input type="text"/>	11. Other (Specify)
<input type="text"/>	6. Elder Abuse		<input type="text"/>
Total		0	

B. Indicate the number of victims who received the following services (See instructions for definitions of service):

No. of Victims Served		No. of Victims Served	
<input type="text"/>	<u>1. Crisis Counseling</u>	<input type="text"/>	<u>8. Emergency Financial Assistance</u>
<input type="text"/>	<u>2. Follow-up</u>	<input type="text"/>	<u>9. Emergency Legal Advocacy</u>
<input type="text"/>	<u>3. Therapy</u>	<input type="text"/>	<u>10. Assistance in Filing Compensation</u>
<input type="text"/>	<u>4. Group Treatment/Support</u>	<input type="text"/>	<u>11. Personal Advocacy</u>
<input type="text"/>	<u>5. Shelter/Safe house</u>	<input type="text"/>	<u>12. Telephone Contact</u>
<input type="text"/>	<u>6. Information/Referral (In-person)</u>	<input type="text"/>	<u>mation/Referral</u>
<input type="text"/>	<u>7. Criminal Justice Support/Advocacy</u>		13. Other (Specify)
Total		0	

Attachments

You may also choose to discuss services such as: Creditor Intervention, Childcare Assistance, Witness Notification, Funeral Arrangements, Crime Prevention Information, Restraining Order Assistance, Transportation Assistance, Court

Waiting Area, Witness Protection Information, and Employer Intervention. (Attach additional page necessary.)

ADVOCATES TRAINING

VICTIM/WITNESS ASSISTANCE 40 HOUR ENTRY-LEVEL TRAINING

List any non-certified staff who will be required to complete the Entry-Level Victim Advocate Training Curriculum pursuant to Cal EMA regulations.

<u>Name of Staff</u>	<u>Date Hired</u>	<u>Does the staff person meet the requirements</u> (YES or NO)	<u>List Supervisors</u>
1.			
2.			
3.			
4.			
5.			

OTHER TRAINING RECEIVED BY ADVOCATES/VOLUNTEERS

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total To Date
Number of persons trained	-----	-----	-----	-----	-----
Number of hours of training	-----	-----	-----	-----	-----

Describe the type of training received: (Attach additional pages if necessary) DV, SA, CA, Crisis Intervention, SART Teams, etc.

PROGRAM COMPONENTS;

The primary purpose of the VT Program is to provide direct assistance to victims of violent crime. The VT program has implemented a system whereby victims are provided timely information about a defendant's post-conviction appeal. There are two distinct components that make up the VT Program: capital cases and non capital cases. The VT Programs' stated goal is to address the gaps in statewide victim services by providing assistance to victims during the investigation phase, trial phase, sentencing, appeals and parole process

Instructions: Please provide a narrative describing your progress towards meeting program goals by addressing each stated program objective. All data must be supported by source documentation that is retained by the recipient and made available to Cal OES upon request. (Attach additional pages if necessary.)

- A. Providing State-wide Services to Victims
 - State-wide Toll Free Number
 - Victim's Rights Information
 - Trainings
 - Unserved Victims
- B. Providing Victim Notification and Assistance in Capital Cases
 - Appeal. Status Notification
 - Press packets
 - Support
- C. Providing Victim Notification on Non-Capital Cases
- D. Providing Support in Conflict Cases
- E. Providing Assistance on Parole Hearings
- F. Liaison and Outreach
- G. Future Projects
 - Improving Services to Disabled Victims
 - Victim Guide and Updating Victim Services Unit (VSU) Website
 - Innovative Response/Specific Approaches
 - Sustainability of the Program

NARRATIVE AND ACTIVITY SECTION (Attach additional pages, if necessary)

Thoroughly address the following items:

- Other than the personnel issues described on page two, describe any difficulties experienced in the implementation of the Grant Award (i.e., problems encountered in ordering/receiving grant equipment, any staffing issues and/or activities supporting each objective which are not currently operational or in place).
- Discuss the activities performed during the grant period which help you achieve your primary goals, such as collaborative efforts, volunteer recruitment status, community involvement, media events, presentations made and/or Victims' Rights Week events. Please discuss any significant accomplishments you may wish to highlight. You may include statistical information, highlights of high profile cases and, if desired, any news clippings.
- Are the objectives being met according to schedule? Please summarize successes and obstacles.
- Identify areas in need of modification* (e.g., budget changes due to staff changes, equipment changes, or revisions to program objectives).
- Identify type of technical assistance and support Cal OES staff may provide to you.

***Note: A Grant Award Modification (Cal OES 223) must be submitted to Cal OES and approved for planned modifications prior to implementation.**

This information will be included in the annual Federal Victims of Crime Act (VOCA) Assistance Performance Report prepared by the California Office of Emergency Services and submitted to the federal Office for Victims Crimes (OVS). Therefore, it is imperative you submit this report by the due date (include as a part of your final report for the Grant Award time period).

In a narrative form, please thoroughly address the following items:

(Attach additional pages, if necessary.)

1. What are the major issues hindering victim assistance programs in assisting crime victims in filing for compensation benefits, and in understanding State Victim Compensation Program(VCP) eligibility requirements?
2. Describe efforts to promote coordinated public and private efforts within the community to aid crime victims.
3. Describe efforts taken to serve Federal Crime Victims (e.g., coordination, referral etc.)
4. Describe notable activities conducted by your agency to improve the delivery of victim services (i.e., needs assessments, program monitoring, and program evaluation). Include training efforts and use of VOCA approved training funds, if applicable.
5. Using at least two case illustrations, describe ways in which funds have been used to assist crime victims (e.g., crisis intervention, information and referral, counseling services, follow-up services, court escort/support, etc.).
6. Describe emerging issues/notable trends in your community impacting crime victim services in your community or throughout the state.
7. Describe how VOCA funds have been used to improve services to crime victims in your community.
8. Include additional information you wish to provide.